

Enrollment Number

Select Agreement Expiration Date

**Reseller must complete the following:**

Select Agreement Number

**NOT FOR USE WITH THE MICROSOFT BUSINESS AGREEMENT****MICROSOFT STATE AND LOCAL GOVERNMENT SELECT ENROLLMENT**

This MICROSOFT STATE AND LOCAL GOVERNMENT SELECT ENROLLMENT is entered into between the following entities as of the effective date identified below. If different from the main contact information, any notices must be addressed to the contact and locations outlined in the notices section below. We will notify you in writing if our address information changes. You must notify us in writing if your address changes.

|   |   |
|---|---|
| Customer Name   | Name and address of contracting Microsoft affiliate<br>MICROSOFT LICENSING, GP                                |
| Street Address and/or post office box                         | Street Address and/or post office box<br>6100 Neil Road<br>Suite 210  |
| City and State / Province                                     | City and State / Province<br>Reno, NV   |
| Country and Postal Code                                       | Country and Postal Code<br>USA 89511-1137   |
| Contact Name  |   |
| Phone Number  | Phone Number<br>775-823-5600  |
| Fax Number  | Fax Number<br>775-826-7287  |
| Email Address   | Email Address<br>Selquest@microsoft.com   |
| For the Attention of:   | For the Attention of:<br>Dept. 551, Volume Licensing  |
| <b>Customer Notices Information (If different from above)</b> | <b>The enrollment and attached documents should be sent to the above address for approval and processing.</b> |
| Customer Name   | <b>All NOTICES should have Copy To:</b><br>Microsoft Corporation, Law and Corporate Affairs                   |
| Street Address and/or post office box                         | One Microsoft Way   |
| City and State / Province                                     | Redmond, WA   |
| Country and Postal Code                                       | USA 98052   |
| Contact Name  |   |
| Phone Number  |   |
| Fax Number  | 425-936-7329  |
| Email Address   | @Microsoft.com  |
| For the Attention of:   | For the Attention of:<br>Volume Licensing Attorney  |

Terms used in this enrollment shall have the meanings assigned to them in the State and Local Government Select Agreement identified above. By signing this enrollment, you represent and warrant that:

- a. You have read and understood the State and Local Government Select Agreement identified above, including any addenda and amendments to that agreement (specifically including but not limited to the current version of the product use rights), and agree to be bound by those terms.
- b. You are the entity which signed the State and Local Government Select Agreement identified above or its affiliate.
- c. You expect to acquire licenses equivalent to at least 500 points during the term of this enrollment.

This enrollment consists of (1) this cover page, (2) the Shipping Information Form, (3) the Reseller Information Form, and (4) the Product List. By signing below you agree that you are bound by the terms of the State and Local Government Select Agreement identified above and the product use rights applicable to products ordered under this enrollment.

By signing below, you also represent that the information that you provide on each of the attached forms is accurate.

|  |   |
|--|---|
| <b>Name of Customer (Entity Name):</b> | <b>Name of contracting Microsoft affiliate:</b> |
|  | <b>MICROSOFT LICENSING, GP</b>                  |
| <b>By:</b>                             | <b>By:</b>                                      |
| (Signature)                            | (Signature)                                     |
| <b>Name:</b>                           | <b>Name:</b>                                    |
| (Printed)                              | (Printed)                                       |
| <b>Title:</b>                          | <b>Title:</b>                                   |
| (Printed)                              | (Printed)                                       |
| <b>Date:</b>                           | <b>Effective Date:</b>                          |

## Shipping Information Form

| Initial Fulfillment Kit/CD-ROM Ship-to Information (If different from address on the cover page) |                       |
|--|-----------------------|
| Customer name  | Contact name          |
| Street address   | Contact email address |
| City and State / Province  | Contact phone         |
| Country and Postal Code  | Contact fax           |

Unless you mark one of the boxes below, upon the acceptance of this enrollment we will ship your starter CD kit for each product group you designate in the table below containing products in the language(s) you select. We will provide updates in the form of CDs, or upon reasonable notice by electronic download or similar other means. If you need additional CD kits and updates, you may order these through your reseller for a fee. For a complete list of the contents of any kit offering, go to <http://selectug.mslicense.com/>

☐ I do not wish to receive a CD kit or kit updates.
 ☐ I do not need another complete set, but would like to receive kit updates.

For each language and group you wish to receive, mark the corresponding box with an **X**

| Language                        | Applications Pool        |                          |                          |                          |                          | Systems Pool             | Servers Pool             |                          |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                 | Office Family            | Mapping                  | Developer Tools          | Training and Learning    | Products for Macintosh   | Windows Client: Business | Windows Servers          | Server Applications      |
| English                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intl English/MultiLanguage      | <input type="checkbox"/> |                          |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Arabic                          | <input type="checkbox"/> |                          |                          |                          |                          | <input type="checkbox"/> |                          | <input type="checkbox"/> |
| Brazilian                       | <input type="checkbox"/> |                          |                          | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chinese Simplified              | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chinese Traditional             | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chinese Traditional (Hong Kong) |                          |                          |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Czech                           | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Danish                          | <input type="checkbox"/> |                          |                          |                          |                          | <input type="checkbox"/> |                          | <input type="checkbox"/> |
| Dutch                           | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Finnish                         | <input type="checkbox"/> |                          |                          |                          |                          | <input type="checkbox"/> |                          | <input type="checkbox"/> |
| French                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| German                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Greek                           | <input type="checkbox"/> |                          |                          |                          |                          | <input type="checkbox"/> |                          | <input type="checkbox"/> |
| Hebrew                          | <input type="checkbox"/> |                          |                          |                          |                          | <input type="checkbox"/> |                          | <input type="checkbox"/> |
| Hungarian                       | <input type="checkbox"/> |                          |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Italian                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Japanese                        | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Korean                          | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Norwegian                       | <input type="checkbox"/> |                          |                          |                          |                          | <input type="checkbox"/> |                          | <input type="checkbox"/> |
| Pan Chinese                     | <input type="checkbox"/> |                          |                          |                          |                          | <input type="checkbox"/> |                          | <input type="checkbox"/> |
| Polish                          | <input type="checkbox"/> |                          |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Portuguese                      | <input type="checkbox"/> |                          |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Russian                         | <input type="checkbox"/> |                          | <input type="checkbox"/> |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spanish                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Swedish                         | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thai                            | <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |
| Turkish                         | <input type="checkbox"/> |                          |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

\* Mapping Kit is not available for use in or shipment to, India, Morocco, Pakistan, China, Hong Kong SAR, Macau SAR, and Turkey  
 = Not Available

## Reseller Information Form

*(Reseller should complete the following sections.)*

### **Reseller Headquarter Information**

|  |
|--|
| Reseller Company Name                              |
| Headquarters Street Address and/or post office box |
| City and State / Province and Postal               |
| Country Code                                       |
| Contact Name                                       |
| Phone Number                                       |
| Fax Number   |
| Email Address                                      |

**The undersigned confirms that the Reseller information is correct.**

|                    |
|--------------------|
| Name of Reseller:  |
|                    |
| By:                |
| <i>(Signature)</i> |
| Name:              |
| <i>(Printed)</i>   |
| Title:             |
| <i>(Printed)</i>   |
| Date:              |